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DIVISION OF COMPORATION

T. HAMPTON

MARK - 1 2010

EXAMINER

## **COVER LETTER**

TO:	Registration S Division of Co		
SUBJECT: Hickory Bay Builders LLC			
		Name of Limit	ted Liability Company
The er	closed Articles o	f Organization and fee(s) are	submitted for filing.
Please	return all corresp	ondence concerning this mat	tter to the following:
		Da	avid V. Palumbo
			Name of Person
			Firm/Company
		141	0 King Sago Ct.
			Address
			aples FL 34119
			ity/State and Zip Code
	<del>,</del> .	E-mail address: (to be used	alumbo@yahoo.com for future annual report notification)
For fu	rther information	concerning this matter, please	se call:
		V. Palumbo	_at (239
	Name	of Person	Area Code & Daytime Telephone Number
Enclo	sed is a check for	or the following amount:	
<b>]</b> \$125	.00 Filing Fee	\$130.00 Filing Fec & Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed)  S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Mailing Address Registration Section	Street/Courier Address Registration Section
		Division of Corporations P.O. Box 6327	Division of Corporations
		Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY				
ARTICLE I - Name:				
The name of the Limited Liability Company	y is:			
Hickory Bay	Builders LLC			
(Must end with the words "Limited I	Builders LLC Liability Company," "L.L.C.," or "LLC.")			
ARTICLE II - Address:				
The mailing address and street address of th	ne principal office of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:			
1410 King Sago Ct	1410 King Sago Ct			
Naples FL 34119	Naples Ft 34119			
Naples FL 34119	V. Palumbo  lame  ing Sago Ct.  (P.O. Box NOT acceptable)			
liability company at the place designated registered agent and agree to act in this cape statutes relating to the proper and complete accept the obligations of my position as relative Registered Agent's Si	d to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as facity. I further agree to comply with the provisions of all the performance of my duties, and I am familiar with and pregistered agent as provided for in Chapter 608, F.S. 2000 PEB 100			

## **ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Membe	ा ।
MGR	David V. Palumbo
	1410 King Sago Ct.
	Naples FL 34119
MGRM	Joseph D. Palumbo
	3357 Antica
	Ft. Myers, FL 33905
MGRM	Michael A. Palumbo
	3357 Antica
	Ft. Myers, FL 33905
	nan the date of filing: (OPTIONAL) nust be specific and cannot be more than five business days
REQUIRED SIGNATURE: Signature of a	member or an authorized representative of a member.
of this docume	with section 608.408(3), Florida Statutes, the execution ent constitutes an affirmation under the penalties of perjury ated herein are true.)
	David V. Palumbo
	Typed or printed name of signee
Filing Fees:	=

10 FER 26 AN IN LONG

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)